

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-
AC)

ADDRESS (number and street)

7910 WOODMONT AVENUE SUITE 1050

☐Check if different
than previously
reported. (ACC)

BETHESDA

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401695

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christine deVries

Signature of Treasurer

Electronically Filed by Christine deVries

Date

07

23

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		13329.30
(b) Cash on Hand at Beginning of Reporting Period	13329.30	
(c) Total Receipts (from Line 19)	13490.00	13490.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26819.30	26819.30
7. Total Disbursements (from Line 31)	2770.01	2770.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24049.29	24049.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 18

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8635.00	8635.00
(ii) Unitemized	4855.00	4855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13490.00	13490.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13490.00	13490.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13490.00	13490.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13490.00	13490.00

DETAILED SUMMARY PAGE

of Disbursements

4 / 18

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1770.01	1770.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1770.01	1770.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2770.01	2770.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2770.01	2770.01	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13490.00	13490.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13490.00	13490.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1770.01	1770.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1770.01	1770.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Allan A. Anderson

Mailing Address 300 Byrn Street

City

Cambridge

State

MD

Zip Code

21613

FEC ID number of contributing federal political committee.

C

Name of Employer
Dorchester General Hospital

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5323

Amount of Each Receipt this Period

500.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Muhammad Baber

Mailing Address 13018 Mason Estates Court

City

St. Louis

State

MO

Zip Code

63141-8558

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.5292

Amount of Each Receipt this Period

285.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Blackinton

Mailing Address 111 Dean Drive

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5278

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

1035.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Prasanna Chinthala

Mailing Address 6391 Rockstone Court

City

Indianapolis

State

IN

Zip Code

46268

FEC ID number of contributing federal political committee.

C

Name of Employer
Osman Clinic & Associates

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5358

Amount of Each Receipt this Period

285.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Carl I. Cohen, M.D.

Mailing Address SUNY Downstate Medical Center
P.O. Box 1203, 450 Clarkson Ave

City

Brooklyn

State

NY

Zip Code

11203

FEC ID number of contributing federal political committee.

C

Name of Employer
SUNY Downstate Medical Ctr

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5283

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Jose Delgado

Mailing Address Post Office Box 909

City

Marion

State

MA

Zip Code

02738-0016

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5296

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Lisa T. Eyler

Mailing Address 3350 LaJolla Village Drive
Mail Code 151B

City State Zip Code
San Diego CA 92161

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA San Diego Healthcare
System

Occupation
Ph.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5265

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Veeraindar Goli

Mailing Address 4000 Centre Green Way
Suite 300

City State Zip Code
Cary NC 27513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5347

Amount of Each Receipt this Period

230.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Chona Green

Mailing Address 23121 Plaza Pointe Dr.
Ste 150

City State Zip Code
Laguna Hills CA 92653-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA NPI

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5275

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Heather L Hall

Mailing Address 6655 South Yale Avenue

City State Zip Code
 Tulsa OK 74136

FEC ID number of contributing federal political committee.

C

Name of Employer
Private PracticeOccupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.5338

Amount of Each Receipt this Period

375.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Maureen L Harkavy

Mailing Address 52 Hill Farm Camp Road

City State Zip Code
 Coventry RI 02816

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5353

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Nusrath Hasan

Mailing Address 160 Undercliff Terrace

City State Zip Code
 Princeton WI 24740

FEC ID number of contributing federal political committee.

C

Name of Employer
Private PracticeOccupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5351

Amount of Each Receipt this Period

270.00

contribution

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Herz

Mailing Address Bedford VAH, (116A)
200 Springs Road

City State Zip Code
Bedford MA 01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.5312

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Dimitrios N. Kiosses

Mailing Address 21 Bloomingdale Road

City State Zip Code
White Plains NY 10605-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weill Medical College of
Corne

Occupation
PhD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.5305

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Rajeev Malhotra

Mailing Address 90 Beaver Drive
Ste 121D

City State Zip Code
Dubois PA 15801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.5280

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Cindy Marshall

Mailing Address 7515 Greenville Ave
Suite 503

City State Zip Code
Dallas TX 75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5319

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Dinesh Mittal

Mailing Address 2200 Fort Roots Drive
Building 170, MHC-Outreach

City State Zip Code
Little Rock AR 72114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veterans Healthcare System

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5336

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Ricardo Mujica

Mailing Address 10 Knoc Circle

City State Zip Code
Westfield MA 01085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5349

Amount of Each Receipt this Period

230.00

Contribution

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Satyajit Mukherjee

Mailing Address 3 Bull Run Court

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period

320.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. David W Oslin

Mailing Address Univ Pa, Geriatric Psychiatry
VISN 4 MIRECC, 3900 Chestnut St

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5360

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Casey Ott

Mailing Address 25 White Oak Drive

City

Danbury

State

CT

Zip Code

06810

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5342

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Arturo Quiason

Mailing Address 1500 West Truman Road

City

Independence

State

MO

Zip Code

64050

FEC ID number of contributing federal political committee.

C

Name of Employer
Private Practice

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.5290

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Stephanie Reed

Mailing Address 601 Lloyds Lane

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing federal political committee.

C

Name of Employer
Amer Assn for Geriatric Psych

Occupation

Associate Director, Gov Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5314

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Charles F. Reynolds, III

Mailing Address 210 Tennyson Avenue

City

Pittsburgh

State

PA

Zip Code

15213

FEC ID number of contributing federal political committee.

C

Name of Employer
Western Psychiatric Institute

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.5363

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Jules Rosen

Mailing Address Western Psychiatric Inst. & Clinic
 3811 O'Hara Street

City State Zip Code
 Pittsburgh 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Psychiatric Inst.
& Cl

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5345

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ms Evangelia Sevdalis

Mailing Address 2983 SW 39th Avenue
 Apt. 9

City State Zip Code
 Miami FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Medical Center, Miami

Occupation
Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.5332

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Naima Siddiqui

Mailing Address 1259 Lake Side Drive
 Apartment 3215

City State Zip Code
 Sunnyvale CA 94085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5315

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)
Dr. Elliott Stein

Mailing Address 4300 Alton Rd.
#360

City State Zip Code
Miami Beach FL 33140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adult and Geriatric Psych-
iatry

Occupation
geriatric psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5355

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel D. Storch

Mailing Address 8905 Greylock Road

City State Zip Code
Baltimore MD 21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.5277

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Daniel D. Storch

Mailing Address 8905 Greylock Road

City State Zip Code
Baltimore MD 21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5382

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Robert A Sweet

Mailing Address Biomedical Science Tower,Rm W-1645
3811 O'Hara Street

City State Zip Code
Pittsburgh PA 15213-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5334

Amount of Each Receipt this Period

390.00

contribution

B.

Full Name (Last, First, Middle Initial)

Hai Tsao, MD

Mailing Address 69 Station Road

City State Zip Code
Glen Mills PA 19342-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Fitzgerald Hospital

Occupation
Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.5289

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

640.00

TOTAL This Period (last page this line number only)

8635.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Akahi Productions

Mailing Address 3811 Maunaloa Avenue

City Honolulu State HI Zip Code 96816

Purpose of Disbursement
Entertainment for fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5255

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Polynesian Adventure Tours

Mailing Address Honolulu Group Sales Office
1049 Kikowaena Place

City Honolulu State HI Zip Code 96819

Purpose of Disbursement
Fundraiser event transportation costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5254

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

1370.01

SUBTOTAL of Disbursements This Page (optional)

1770.01

TOTAL This Period (last page this line number only)

1770.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO

Mailing Address 12 Trumbull Street, 2nd Floor

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement
ContributionCandidate Name
FRIENDS OF ROSA DELAUROCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.5259

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
ContributionCandidate Name
ROS-LEHTINEN FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.5256

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
Void contribution check never received.

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.5261

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

-1500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00